

PTO/SB/01A (10-01)

Approved for use through 10/31/2002. OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)**Title of Invention** Complementary DNA's Encoding Proteins with Signal Peptides

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☐ The attached application, or
- ☒ Application No. 09/878,360, filed on October 15, 2001,
- ☐ as amended on _____ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

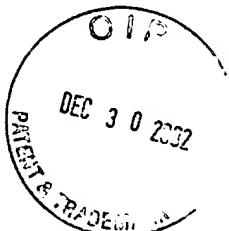
I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR(S)**Inventor one:** Jean-Baptiste Dumas Milne Edwards**Signature:** [Signature] **Citizen of:** France**Inventor two:** Lydie Bougueleret**Signature:** _____ **Citizen of:** France**Inventor three:** Severin Jobert**Signature:** _____ **Citizen of:** France**Inventor four:** Catherine Clusel**Signature:** _____ **Citizen of:** France☐ Additional inventors are being named on One (1) additional form(s) attached hereto.

Burden Hour Statement: This collection of information is required by 35 U.S.C. 116 and 37 CFR 1.63. The information is used by the public to file (and the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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This declaration is directed to:	
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<input checked="" type="checkbox"/> Application No. <u>09/878,380</u> , filed on <u>October 16, 2001</u> ,	
<input type="checkbox"/> as amended on _____ (if applicable);	
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FULL NAME OF INVENTOR(S)	
Inventor one:	<u>Jean-Baptiste Dumas Milne Edwards</u>
Signature:	<u>France</u>
Inventor two:	<u>Lydie Bougueleret</u>
Signature:	<u>France</u>
Inventor three:	<u>Severin Jobert</u>
Signature:	<u>France</u>
Inventor four:	<u>Catherine Clusel</u>
Signature:	<u>France</u>

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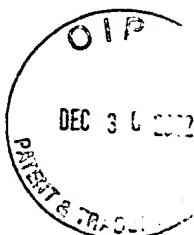
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FULL NAME OF INVENTOR(S)	
Inventor one:	<u>Jean-Baptiste Dumas Milne Edwards</u>
Signature:	Citizen of: <u>France</u>
Inventor two:	<u>Lydie Bougueleret</u>
Signature:	Citizen of: <u>France</u>
Inventor three:	<u>Severin Jobert</u>
Signature: <u>[Signature]</u>	Citizen of: <u>France</u>
Inventor four:	<u>Catherine Clusel</u>
Signature:	Citizen of: <u>France</u>

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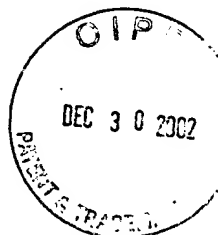
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FULL NAME OF INVENTOR(S)	
Inventor one:	<u>Aymeric Duclert</u>
Signature: 	Citizen of: <u>France</u>
Inventor two:	_____
Signature: _____	Citizen of: _____
Inventor three:	_____
Signature: _____	Citizen of: _____
Inventor four:	_____
Signature: _____	Citizen of: _____

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